U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	The Administration of			
1. File Number U - [	2. Fiscal Year Covered From:			
e de la companya del companya de la companya del companya de la co	01/01/2004 Through: [2/31/2004]			
3. Name and address of person filling.	4. Name, file number, and address of labor organization.			
Name Donald W Brown	Namo Brickloyers Local #1 ST. Louis, Mo.			
	Labor Organization File Number 020-915			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 6812 Brown Gate Rd.	Street 2000 Market ST.			
city Cedar Hill	City ST. Louis			
State Missouri ZIP Code + 4 63014	State 11350Uri ZIP Code + 4 (43/03)			
5. Position in labor organization. Business Manager				
Enter appropriate data below ki, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name  Trade Name, if any:	No activity			
P.O. Box, Bidg., Room No., if any				
	7.b, Amount.			
Street				
City				
State ZIP Code + 4				
Signature ;				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Donald Brown	On 8/9/05 6310-274-19510  Date Telephone Number			

Name of Person Filling Donald Brown	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ety seeking to represent, or recty to, or otherwise
8. Name and address of Business (Including trade name, If any).  Name Welfore Fund Bricklayers Local #1  Trade Name, If any:  P.O. Box, Bidg., Room No., If any  Street 2000 Market ST.  City ST. Loinis  State Missouri ZIP Code+4 (3103)	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Welfare Fund Bricklayers  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing.  Annual December Luncheon Mtg.
Street	11.b. Approximate dollar value of such dealing. 54-48
City ZIP Code + 4	12.a. Nature of interest held or income received.
: ::	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Commerce Bank  Trade Name, if any:	14.a. Nature of payment.  14.a. Nature of payment.  3-17-04 Luncheon Mtg. 57.7/  4-3-04 2 Concert Tickets 120-00  7-9-04 Golf + Lunch  101.00  10-26-04 Luncheon Mtg. 32.00
P.O. Box, Bidg., Room No., If any  Street 8000 Forsyth Blud.  City Clayton  State Missouri ZIP Code + 4 (43105)	11-23-04 Holliday Ham Certificate 50.00 11-24-04 Charity Boxing Benifit 93.54 12-13-04 Lunchmon Mtg 37.50
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant 7	491.77

Name of Person Filling Donald Brown	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valuables and the consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wse dealing with the business ley seeking to represent, or lectly to, or otherwise
8. Name and address of Business (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZiP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  ZIP Code + 4	11.a. Nature of such dealing.  11.b. Approximate deliar value of such dealing.  12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Grabel Schnieders, Hollman & Co  Trade Name, if any:	12.b. Amount.  or parts A and B above) or other thing of value.  14.a. Nature of payment.  2 Tickets to Grouse Guction  Dated - 3-20-04
P.O. Box, Bldg., Room No., If any  Street 206 U. Argonne STe. 200  Chy Kirkwood  State Missouri ZIP Code + 4 63/22  13.b. Is the Business an Employer X er Consultant 7	14.b. Amount of payment. 45.00

Name of Person Filling Donald Brown	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or etherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	its gealing win the basices ely seeking to represent, or incity to, or otherwise	
8. Name and address of Business (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, If any:  P.O. Box, Bidg., Room No., If any	11.a. Nature of such dealing.	
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
£ 1.1	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, If any).  Name G-H-P Group Health Plan	14.a. Nature of payment.  7-13-04 Golf-Lunch	eon
P.O. Box, Bidg., Room No., Wany Shite 400  Street III Corporate Office Dr.  City Earth City  State Missouri ZIP Code+4 63045	, : 1 1	
13.b. Is the Business an Employer  er Consultant 7	14.b. Amount of payment.	142.85

Name of Person Filling Donald Brown	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from er selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	was dealing winter because it is in the control of			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, If any:	b. Trust			
P.O. Box, Bldg., Room No., If any	c. Employer			
Street				
City	•			
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.s. Nature of such dealing.			
emek	L. CASARA C			
Trade Name, if any:				
P.O. Box, Bidg., Room No., If any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.s. Nature of interest held or income received.			
State ZIP Code + 4				
: ::	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	10-08-04 Golf + Luncheon			
Name Wissouri Valley Partners				
Trade Name, if any:				
P.O. Box, Bidg., Room No., If any P.O. Box 16901				
Street 135 M. Meremac Qu. STe. 500	, , , , , ,			
Clayton (13/05)				
State 11/15504V1 ZIP Code +4 43/05	44 h Amount of payment			
13.b. Is the Business an Employer ar Consultant 7	14.b. Amount of payment. 59.00			

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Name of Person Filling Donald Brown		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	bly seeking to represent, or rective to, or otherwise			
8. Name and address of Business (Including trade name, if any).	9. Business deals with:			
Name	a. Labor Organizatio	on	-	
Trade Name, If any:	b, Trust			
P.O. Box, Bldg., Room No., If any	c. Employer			
Street				
City		•		
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.		
Name	in the second s			
Trade Name, if any:				
P.O. Box, Bidg., Room No., If any				
Street	11.b. Approximate dollar value	e of such dealing.		
City	12.a. Nature of Interest held	or income received.		
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	- 10 1		
(including trade name, if any).	7-25-04	Solf Lunc	.	
Name ING Investment Management				
Trade Name, if any:				
P.O. Box, Bldg., Room No., If any				
Street 10 STate House Sq. 54.13		; 1 1 1		
cay Hartford				
State 27- ZIP Code + 4 06/03				
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.		84.38	